

EMS Vision Update 2000
Integrating the Pieces
November 29-December 1, 2000
The Marines' Memorial Club & Hotel
609 Sutter Street
San Francisco, California

Education / Personnel Vision Workgroup

Committee Members: Debbie Becker (ETAP), Nancy Steiner (EMSA), Connie Telford (EMSA), Sean Trask (EMSA), Gloria Huerta (CA Fire Chiefs Association), Al Kleveno (alternate- Cal Chiefs), Sam Stratton, MD (EMDAC), Ken Miller, MD (alternate- EMDAC), Carol Gunter (EMSAAC), Pat Kramm (alternate- EMSAAC), Ryan Burgess (ENA), Geoff Money (CPF), Kevin White (alternate- CPF), William Koenig, MD (CAL-ACEP), Lori Harbour (CAA), David Nevins (alternate-CAA), Steve Maiero (CSFA), Debi Mofatt (CPPD), David Magnino (CHP).

Introduction: Opening remarks were made by Debbie Becker.

The first three objectives were discussed as follows:

- **Objective 1: Develop multidisciplinary task force of providers and employees to identify the expectations and needs of individuals seeking jobs as an EMT or paramedic.**
-Brochures were developed to discuss minimum requirements for training, scope of practice, salary ranges, certification/licensure requirements, ethics, professional requirements, and employer expectations.
Comments:
1. Under the heading *Personal Ethics* add “age.”
- **Objective 2A: Enhance training where evidence-based studies or local needs indicate the necessity for an expanded scope of practice.**
Comments:
1. Explain the process to make it easy to understand. Suggestions were made for ways to develop a chart that is easier to follow.
2. Medical director of LEMSA needs to review/sign request.
3. Look at the time frame- Thirty-six months? Longer? Option for time extension?
4. Standardize format for research process (type of study, type of data). Define process.
- **Objective 2B: Research, identify and expand non-traditional roles for all practitioners based on community needs and benefits.**
Comments:

1. Possible problems with the objective- too much work, turf wars, billing, staffing requirements, HCFA- changes, low priority, reimbursement (funding) problems, it would need clear definitions, more research.
 2. Take *Emergent* out of the objective.
- **Objective 3A: Standardize education of EMS providers to be consistent with national standards.**
 - EMT I process is now assessment-based. The Foundation will be DOT.
 - Comments:
 1. Add list of regulations as Task Force progresses.
 2. Adopt a national curriculum.
 - Standardize statewide certification exam (time and money needs to be examined).
 - 3. Test- explain/outline process to develop the exam.
 - 4. In objective explanation, instead of *EMT-II*, use *EMT-Intermediate*.
 - 5. Possible problems: Rural areas? Time/personnel to help with EMT-I training “First Responder” curriculum module (40 hour)- level between public safety and higher training, also validation. Needs further discussion and research.
 - 6. This group would like regulations outlining *First on scene* vs. *First Responder*. Clarify EMT level and define.
 - **Objective 3B: Standardize certification/licensure of all prehospital personnel statewide.**
 - Comments included standard application and background check.
 - Things to consider: Customer services considerations, state registry (discipline?) and online registration, one fee statewide, regional certification office.
 - Also suggested: standardize disciplinary process/regulations, standardize fingerprinting (research and gather more information), local vs. state organization, national registry test vs. developing a state test.
 - Things to consider regarding testing: time and money to develop and maintain a national test, process for validating the test, should there be retesting for rural areas to examine qualifications.
 - Comments on testing: quality of skills, retention of program with no QA program, EMT requirements are different for EMTs working for Providers vs. not employed by EMS provider, EMT accreditation similar to paramedic accreditation (non-working EMTs must demonstrate efficiency),
 - Conclusion- This group would like some type of outlined certification process, with statewide certification, tied into CQI, and some way to make sure all non-working EMTs are tested for competency.